


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000026864 1. Entity Name ATLANTIS TILE, INC.	
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Principal Place of Business 407 BRYNMAWR ISLAND BRADENTON, FL 34207	Mailing Address 407 BRYNMAWR ISLAND BRADENTON, FL 34207
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3616831	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCGRATH, JOHN 407 BRYNMAWR ISLAND BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOLDEN, DUSTIN 407 BRYNMAWR ISLAND BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SAUNDERS, SCOTT 407 BRYNMAWR ISLAND BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BISHOP, KIM 407 BRYNMAWR ISLAND BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000352457
05/03/05-80028-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  John McGrath 4-29-05 941-416-0907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #